HealthShare Referral Manager Community Provider User Guide

Department of Veterans Affairs
Office of Information and Technology

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1. Introduction

1.1. Project and Solution Overview

HealthShare Referral Manager (HSRM) is an enterprise-wide system in support of community care used by community care staff to generate referrals and authorizations for Veterans receiving care in the community. Clinical and Department of Veterans Affairs (VA) community care staff located at VA medical centers (VAMCs), outpatient clinics, community-based outpatient clinics (CBOCs), and Veterans Integrated Service Network (VISN) offices use this solution to enhance Veteran access to care. HSRM is an integral component of the community care information technology (IT) architecture that allows Veterans to receive care from community providers.

HSRM allows VA to transition from what is currently a largely manual process to a more streamlined process that generates standardized referrals and authorizations according to clinical and business rules.

HSRM supports clinical and administrative processes expected to:

- Seamlessly provide eligible Veterans with prompt referrals to a community provider of their choice.
- Provide community providers with referrals and authorizations consistent with industry standards.
- Decrease the administrative burden on VA clinical and community care staff members
 by establishing clinical and business pathways that reflect best practices, consistent
 outcomes, and reduced turnaround times, along with a solution that automates those
 pathways.
- Facilitate communication between community care staff, community providers, and third-party administrators (TPAs) via a unified platform that enables the secure exchange of medical information.

HSRM allows VA and community providers to better manage community care referrals and authorizations, resulting in simpler processing for VA and community providers as well as enhanced patient experience for Veterans.

1.2. User Guide Overview

Community providers play a key role in delivering high-quality care to Veterans in their communities. HSRM enables community providers to receive and process referrals from VA and share information faster and more accurately than ever before. Community providers, VA, and Veterans all benefit from this new system. This user guide provides details about the

community provider's role in processing referrals in HSRM and how to maximize system functionality.



NOTE: HSRM will be down for routine maintenance on the third Tuesday of every month from midnight to 4:00 a.m. During this time, you will be unable to access the system.

2. HSRM Lifecycle

A referral's lifecycle begins when the referral is received in HSRM, and it ends when the Episode of Care (EOC) is complete and all medical documentation has been received. There are six steps in the lifecycle. Community providers complete steps 3, 4, and 5, as shown in the referral lifecycle diagram.

Figure 1: HSRM Referral Lifecycle



^{*}The status of the referral automatically changes in HealthShare Referral Manager once the step is completed.

3. Accessing HSRM

3.1. Getting Access to HSRM

A HealthShare Referral Manager account is needed for staff who typically process referrals, accept and reject referrals, record appointments, and share medical documentation with VA.

In order to be eligible to be an HSRM user, your facility must:

- 1. Have an active partnering agreement with one or more VA Medical Center.
- 2. Reach out to the VA Medical Center(s) you partner with to let them know of your interest in HSRM and determine the best timing for your deployment.

If your facility meets these requirements, you may proceed with HSRM registration. Follow the steps below to sign up for HSRM.



NOTE: Links to all documents are on the Office of Community Care webpage.

- 1. Attend a two-hour training webinar on VHA TRAIN (https://www.train.org/vha/course/1082953/live_event) or refer to this guide to learn how to use HSRM.
- 2. Use the ID.me User Guide to sign up for an ID.me account at https://www.id.me.
- 3. One team member from your organization will fill out the *End-User Tracker* with all the names and email addresses of end users requiring access to HSRM. Please ensure the email addresses listed match those used for each respective user's ID.*me* account.
- 4. One team member from your organization will then submit the *End User Tracker* to the HSRM Help Desk at *HSRMsupport@va.gov*.
- 5. The HSRM Help Desk will send that team member the login information for their staff.

4. Working in HSRM

4.1. Locate a Referral

HSRM allows community providers to locate referrals more quickly and manage them according to their priority. When logging into the system, the **Referral List** screen—which is also the home screen—appears. The **Referral List** screen features what is, in effect, a user todo list; it shows all of the referrals from VA in a central location and allows referrals to be sorted.

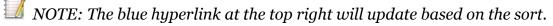
All lists in HSRM can be sorted by column heading. The default view lists referrals by higest priority and date added, making it easy to see which referrals need immediate attention. The **Referral List** may also be sorted by the user.

4.1.1. Column Header Sort

Sorting the **Referral List** allows users to view the information in any column in ascending or descending order.

To locate a referral by sorting column headers:

- 1. Navigate to the **Referral List** by clicking either the **Home** icon or the **Menu** icon ≡ at the top left of the screen, then selecting **Referral List** on the menu.
- 2. Click on a column heading to sort data in ascending order by that category. Click it a second time to sort in descending order. Click it a third time to sort by the default, **Priority Order** and **Date Added**.



3. Click on the row of the relevant referral to access the **Referral Details** screen.

Figure 2: Referral List



4.1.2 Advanced Sort

The **Advanced Sort** feature provides multiple criteria by which users can sort any **Referral List** in HSRM.

To locate a referral by using the **Advanced Sort** feature:

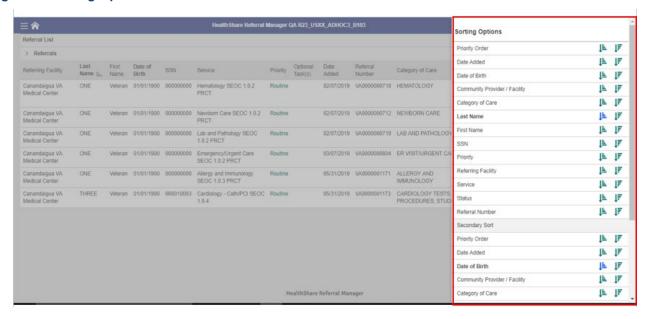
- 1. Navigate to the **Referral List** by clicking either the **Home** icon **n** or the **Menu** icon ≡ at the top left of the screen, then selecting **Referral List** on the menu.
- 2. Click the blue hyperlink at the top right corner of the **Referral List** to activate **Advanced Sort**.

Figure 3: Referral List - Advanced Sort



3. The available options appear. Both primary and secondary sort criteria can be selected. Click the **Ascending** or **Descending** icon associated with the specific criterion for the sort. In the case shown below, **Last Name** and **Date of Birth** have been selected in ascending order. The referrals are now sorted according to the sort criteria. Click on the row of the relevant referral to view the **Referral Details** screen.

Figure 4: Sorting Options



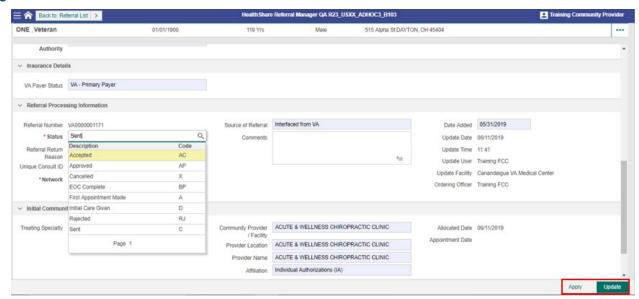
4.2. Manually Change the Status of a Referral

The **Referral Status** shows where a referral is in its lifecycle. As shown in <u>Figure 1</u>, the possible statuses are: **Approved**, **Sent**, **Accepted**, **Rejected**, **First Appointment Made**, **Initial Care Given**, and **EOC Complete**. Community providers should only use **Accepted**, **Rejected**, **First Appointment Made**, and **Initial Care Given**.

To manually update the status of a referral:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Navigate to the **Referral Details** screen by clicking on the referral row.
- 3. Navigate to the **Referral Processing Information** section on the **Referral Details** screen. Click the **Magnifying Glass** icon and select the new status. Community providers can change the referral status to **Accepted**, **Rejected**, **First Appointment Made** (status automatically changes to **First Appointment Made** when an initial appointment is recorded), or **Initial Care Given**, depending on where the referral is in its lifecycle.
- MOTE: If the **Rejected** status is selected, the **Referral Reason** field will be mandatory.

Figure 5: Referral Details - Status Field



- 4. Enter any relevant comments regarding the referral in the **Comments** field of the Referral Processing Information section.
- 5. Click the **Update** button at the bottom right of the screen to save changes and return to the previous screen. Click the **Apply** button to save changes and stay on the same screen.

4.3. **Access Standardized Episode of Care Information**

A Standardized Episode of Care (SEOC) is a bundle of services that has been authorized under a single referral. All clinically related services for one patient for a discrete diagnostic condition within a specific period across a continuum of care are included in a SEOC. A SEOC helps reduce the need to seek individual authorization for each element of care. It includes all physician, inpatient, and outpatient care as well as labs and diagnostics. Within HSRM, the user can view a list of services associated with the SEOC. This is the procedural overview of services.

To view SEOC details:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Click on the row of the referral to navigate to the **Referral Details** screen.
- 3. Navigate to the **Service Requested** section on the **Referral Details** screen and click on the SEOC Details link.



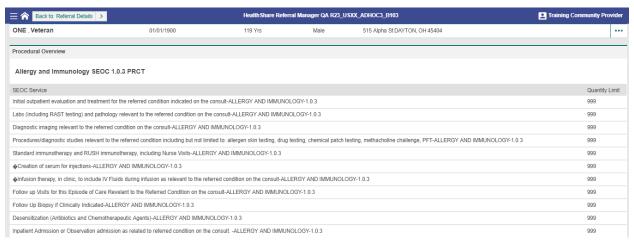
MOTE: VA is required by law to obtain precertification and bill third-party payers for care that is not related to a Veteran's service or special authority for Veterans who have other health insurance (OHI). Precertification information and instructions can be found under the **SEOC Details** link and in the **Offline Referral Form**.

Figure 6: Referral Details - SEOC Details



4. Review the **Procedural Overview** for the SEOC.

Figure 7: SEOC Details Screen



4.4. Print the Offline Referral Form

Printing the **Offline Referral Form** enables community providers to retain a hard copy of the referral for their files. The **Offline Referral Form** contains referral details, additional referral information, billing and precertification information, patient details, and SEOC information. Community providers can print offline referral forms for individual or multiple referrals.

4.4.1. Individual Referral

To print the **Offline Referral Form** for an individual referral:

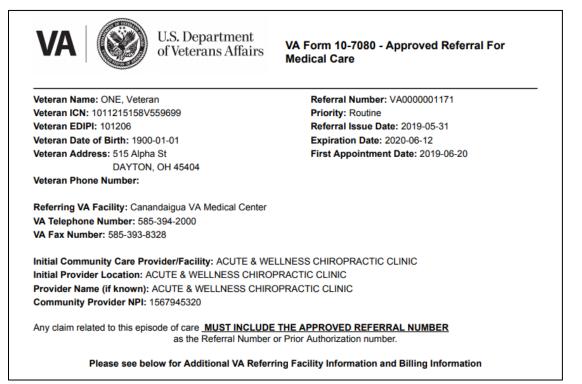
- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Click on the row of the referral to navigate to the **Referral Details** screen.
- 3. Click the **Component Menu** icon is at the far right of the **Referral Details** (below the **Patient Banner**), then select **Offline Referral Form** from the **Print** drop-down menu.

Figure 8: Component Menu – Offline Referral Form



4. The **Offline Referral Form** appears in a new browser tab and can be printed, downloaded, and saved.

Figure 9: Offline Referral Form



MOTE: If you are using Chrome as your browser, you will need to download and save the form to your computer. If you are using Internet Explorer as your browser, use the **Save and Copy** feature to save to your computer.

4.4.2. Multiple Referrals

To generate an **Offline Referral Form** for multiple referrals:

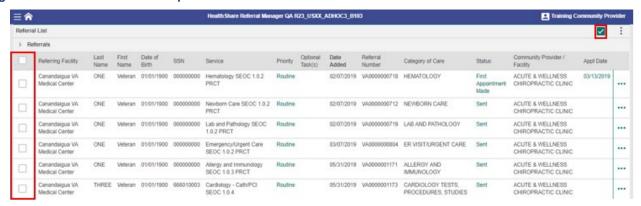
1. Navigate to the **Referral List** by clicking either the **Home** icon **n** or the **Menu** icon at the top left of the screen, then selecting **Referral List** on the menu.



NOTE: Generating an **Offline Referral Form** for multiple referrals may be done from any referral list, including the veteran's **Referral List**.

2. Click the **Toggle Multiple Selections** checkbox **■** at the top right to enable the selection of multiple referrals, then click the checkboxes next to the appropriate referrals.

Figure 10: Referral List - Multiple Referrals



3. Click the Component Menu icon i and select Offline Referral Form from the **Print** drop-down menu.

Figure 11: Component Menu - Selected Offline Referral Forms



4. The **Offline Referral Form** appears in a new browser tab.

Figure 12: Multiple Offline Referral Form

	Veteran A	pproved Refer	rals for Medical (Care Cover Page	Đ
Veteran Name	Referral No	Referral Date	VA Facility	Category of Care	Community Provider/Facility
ONE, Veteran	VA000000719	2019-02-07	Canandaigua VA Medical Center	LAB AND PATHO LOGY	ACUTE & WELLN ESS CHIROPRAC TIC CLINIC
ONE, Veteran	VA000000801	2019-03-07	Canandaigua VA Medical Center	CARDIOLOGY IM AGING	ACUTE & WELLN ESS CHIROPRAC TIC CLINIC
ONE, Veteran	VA000000804	2019-03-01	Canandaigua VA Medical Center	ER VISIT/URGEN T CARE	ACUTE & WELLN ESS CHIROPRAC TIC CLINIC



MOTE: Compiled Offline Referral Forms contain a cover page. The Offline Referral **Form** can be downloaded and saved.

4.5. Manage Documents

HSRM allows VA and community providers to easily upload and download medical documents such as medical records and images. Prior to providing care to a Veteran, community providers can download and review documents that VA shares regarding the Veteran/patient. Following care, community providers upload relevant patient care documentation for VA's review. This eliminates faxing and emailing documentation and greatly enhances the accuracy of patient documentation. HSRM accepts most file types, including JPG, BMP, PNG, Microsoft Office, and PDF. JPG and PDF files display in the preview section. There are no limitations on file size.

4.5.1. View and Download Documents

To view and download documents:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Navigate to the **Referral Details** screen by clicking on the referral row.
- 3. Click **Add/View Documents** on the **Referral Details** screen to open the **Documents** screen. Here all documents that have been added to the referral can be viewed.

MOTE: Documents may also be viewed and downloaded by accessing **Documents** from the **Additional Referral Information** screen. These instructions are included in the Figure 24: Additional Referral Information section of this guide.

4.5.2. Add Documents

To add documents to a referral:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Navigate to the **Referral Details** screen by clicking on the referral row.
- 3. Click **Add/View Documents** on the **Referral Details** screen to open the **Documents** screen.

Figure 13: Referral Details - Add Documents to a Referral



- 4. Click the **New** button at the bottom right of the **Documents** screen. The **Add Document** screen appears.
- 5. Enter data in the corresponding fields on the **Add Document** screen.

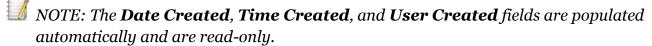
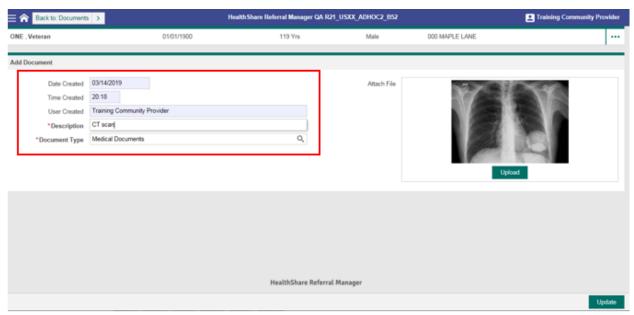


Figure 14: Add Documents Screen



- 6. Click the **Upload** button and select the file from the computer's hard drive.
- 7. To identify the type of document, click the **Magnifying Glass** icon in the **Document Type** field and choose the appropriate type (either **Medical Documents** or **Request for Services/SAR**). This will trigger an automatic task for VA to review the document.
- 8. Click the **Update** button at the bottom right of the screen to save and go back to the **Documents** screen.
- 9. Select **Referral Details** from the **Breadcrumb Trail** drop-down list at the top left of the screen to go back to the **Referral Details** screen or continue to add documents in the same manner.

4.6. Record an Appointment

Recording appointments in HSRM makes this information available to VA without having to phone, email, or fax, thus reducing the administrative burden for both VA and community providers. An appointment can be recorded in the system from the **Referral Details** screen.

MOTE: Don't forget to book the appointment in your own external system.

To record an appointment:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Click on the referral to navigate to the **Referral Details** screen.
- 3. Click the **Component Menu** icon is located at the far right of the screen in the **Referral Details** section to open the **Component Menu**.

4. Select **Options** and **Record Appointment**.

Figure 15: Referral Details - Record Appointment

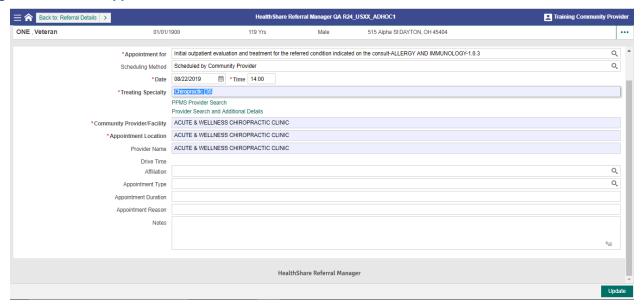


5. Enter the appropriate information (e.g., Service Requested, Appointment for, Scheduling Method, Date/time).



NOTE: Mandatory fields are marked with a red asterisk.

Figure 16: Record Appointment Screen



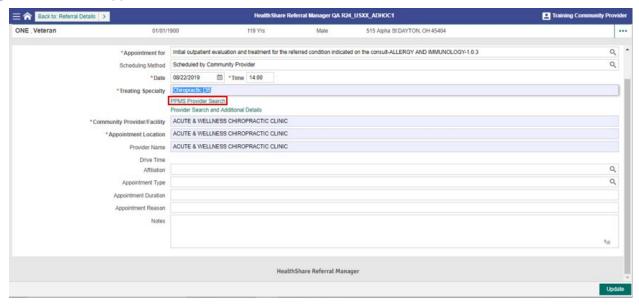
6. If the name of the specific facility caregiver is unknown or the appointment is with a facility caregiver other than the initial community provider, you may search for a community provider using two methods: **Provider Profile Management System** (**PPMS**) **Provider Search**, which allows users to search by patient address, specialty, or search for all, or the **Provider Search and Additional Details Search**, used when you want to find a provider using parameters such as city/state, National Provider Identifier (NPI), or provider name.

4.6.1. Locate a Provider Using the PPMS Search

A list of providers and their details can be found using the **PPMS Provider Search** feature. The **PPMS Provider Search** allows users to search by patient address, specialty or search for all.

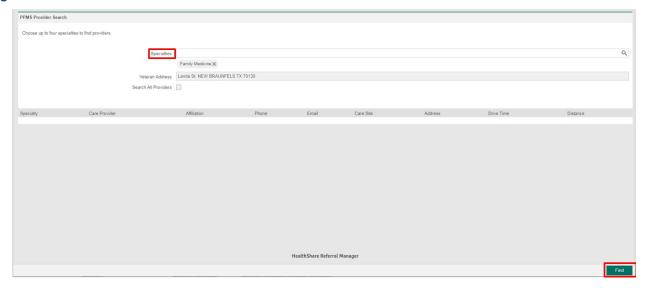
1. On the **Record Appointment** screen, click the **PPMS Provider Search** link.

Figure 17: Record Appointment Screen - PPMS Provider Search



- 2. Specialties populate from those associated to the SEOC of your referral. Up to four may be selected.
- 3. **Veteran Address** is populated from the Veteran's address in **HSRM** (received from **Veterans Health Information Systems and Technology Architecture (VistA)**) and locked only on the first search. This may be changed on a subsequent search.
- 4. **Search All Providers** is read-only on the first search. This can be used on subsequent searches to expand the radius and drive time to find more providers.
- 5. Click the **Find** button to connect directly to **PPMS** to find providers within a certain driving distance (calculated in the background).

Figure 18: PPMS Provider Search Screen

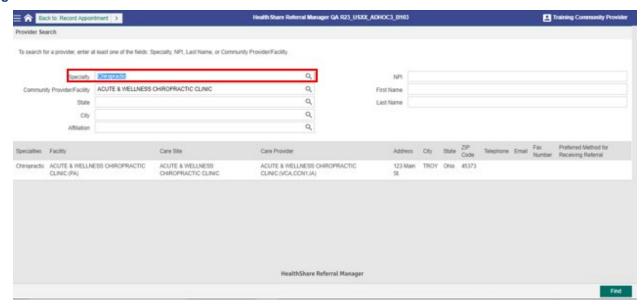


6. Select the appropriate provider.

4.6.2. Locate a Provider Using Provider Search and Additional Details

 On the Record Appointment screen, click the Provider Search and Additional Details link. The Provider Search screen appears.

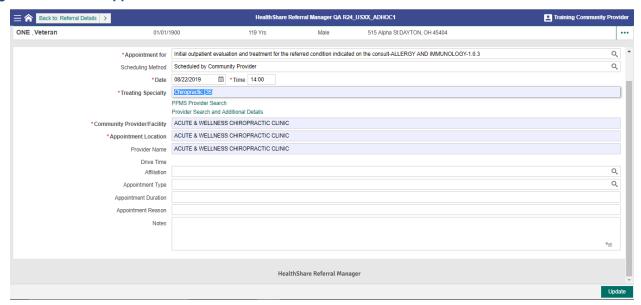
Figure 19: Provider Search Screen



2. Populate the **Specialty** field on the **Provider Search** screen and click the **Find** button at the bottom right.

- NOTE: Community Provider/Facility, State, City, Affiliation, National Provider Identifier (NPI), First Name, and Last Name fields may also be populated. Either a Specialty or NPI must be provided.
 - 3. Select a provider for the referral by clicking on the row of the provider. The **Record Appointment** screen appears.
 - NOTE: **Affiliation**, **Appointment Type**, **Appointment Duration**, **Appointment Reason**, and **Notes** fields are optional. However, entering information in these fields is a best practice, as it ensures that VA and the community provider have access to all relevant appointment information in a central location.

Figure 20: Record Appointment Screen



- 4. The **Provider Name** field populates.
- NOTE: For subsequent appointments, the name of the previous caregiver will appear in that field and will need to be changed if the new caregiver is different.
 - 5. Click the **Update** button on the **Record Appointment** screen to save the appointment information. The **Referral Details** screen appears and the status of the referral will automatically change to **First Appointment Made**.
- NOTE: If an appointment is recorded for a provider other than the initial community provider, that second provider will not see the referral on their referral list but will instead receive a task on his/her facility's **Task List** that will allow them to work with the referral.
- NOTE: The first appointment made in the SEOC will be on the **Referral List** for the duration of the referral, regardless of subsequent appointments that are scheduled and

occur. The date of the first appointment made also displays in the **Appointment Date** field in the **Initial Community Provider/Facility Information** section on the **Referral Details** screen.

4.7. Cancel an Appointment or Mark an Appointment as a No Show

To cancel an appointment:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Click the **Action Menu** icon ••• to the right of the corresponding referral row and select **Additional Referral Information**.

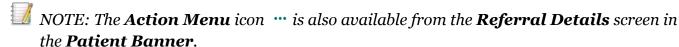
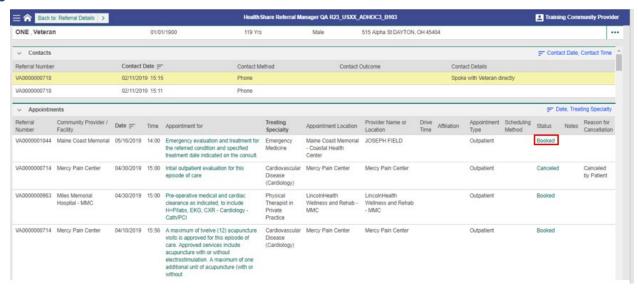


Figure 21: Action Menu - Additional Referral Information



3. Locate the appointment from the **Appointments** section and click the **Status** link. The **Appointment Change Status** screen appears.

Figure 22: Additional Referral Information Screen

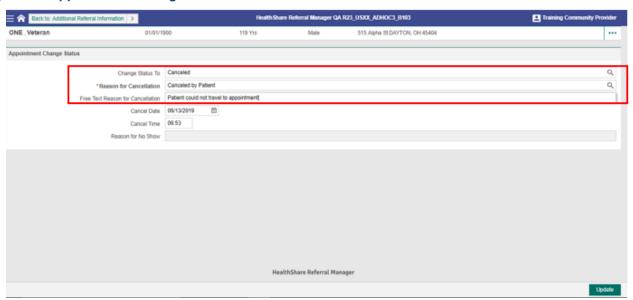




MOTE: The Change Status screen can also be accessed by clicking the Appointment For link located on the referral row and then selecting Change Status, located beneath the **Appointment Status** field.

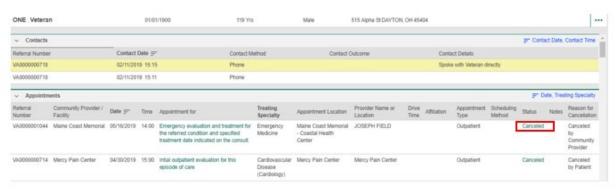
- 4. The **Change Status To** field automatically populates as **Canceled**. If selecting a different status, click the Magnifying Glass icon and in the Change Status To field and select a status from the drop-down list.
- 🌌 NOTE: If **No Show** is selected, the **Reason for No Show** field must be populated.
 - 5. Click the **Magnifying Glass** icon and in the **Reason for Cancellation** field and select the appropriate reason for cancellation from the available options.
 - 6. Enter any additional information regarding the appointment cancellation.
- MOTE: The **Free Text for Cancellation** field can be used for additional details regarding the appointment (e.g., spoke to Veteran's family member to cancel the appointment.)

Figure 23: Appointment Change Status Screen



- 7. Click the **Update** button at the bottom right of the screen to save changes.
- 8. The appointment status is now displayed as **Canceled**.

Figure 24: Additional Referral Information Screen



4.8. Record Contact

HSRM enables users to record any contact made with the Veteran, a community provider, or other person or organization regarding the referral. Anyone with access to the referral can view this information.

To record contact about a referral:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Select the referral from the **Referral List**.
- 3. Click the **Action Menu** icon on the **Patient Banner**.

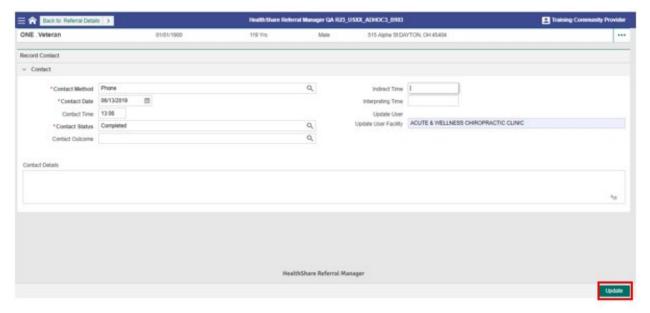
4. Select **Record Contact** from the drop-down menu. The **Record Contact** screen appears.

Figure 24: Action Menu - Record Contact



5. Enter the relevant information regarding the contact and click the **Update** button at the bottom right of the screen to save changes.

Figure 25: Record Contact - Record Contact Screen



4.9. View Additional Referral Information

Users can view additional information about a referral on the **Additional Referral Information** screen. This screen displays **Contacts**, **Appointments**, **Referral Documents**, **Care Coordination Documents**, **Referral Notes**, and **Patient Letters**.

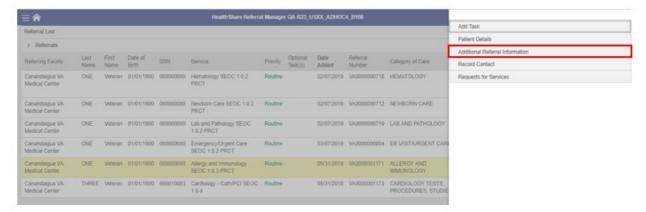
To view additional referral information:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Click the **Action Menu** ··· icon to the right of the corresponding referral row and select **Additional Referral Information**.



 ${\color{black} \overline{ \hspace{-.00in} \hspace{-.00in} \hspace{-.00in} \hspace{-.00in} \hspace{-.00in} }}$ NOTE: The $oldsymbol{Action}$ $oldsymbol{Menu}$ ${\color{black} \cdots}$ is also available from the $oldsymbol{Referral}$ $oldsymbol{Details}$ screen in the Patient Banner.

Figure 26: Referral List - Additional Referral Information



3. The Additional Referral Information screen appears, showing Contacts, Appointments, Referral Documents, Care Coordination Documents, Referral Notes, and Patient Letters related to the referral. Click on each to view the corresponding information.

Figure 27: Additional Referral Information





MOTE: Each of the lists can be sorted using the Column Header and Advanced sorting methods.

4.10. Working with Tasks

A task in HSRM represents a discrete action that must be completed for a Veteran's referral. Tasks minimize administrative burdens and streamline communications. They enable VA and community providers to share information without having to pick up the phone. Automatic

tasks serve as reminders for submitting medical documents and precertification information, minimizing potential delays in payment.

For example, a community provider will receive an auto-generated task from VA to submit medical documentation seven days after the referral status is changed to **Initial Care Given**. Alternatively, the community provider can create a manual task to communicate with VA; for example, to request VA to contact the Veteran or to provide additional referral documents.

4.10.1. Create a Task

To manually create a task:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Click the **Action Menu** icon ••• to the right of the corresponding referral row, then select **Add Task**.

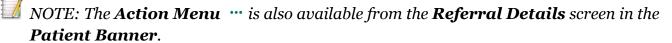
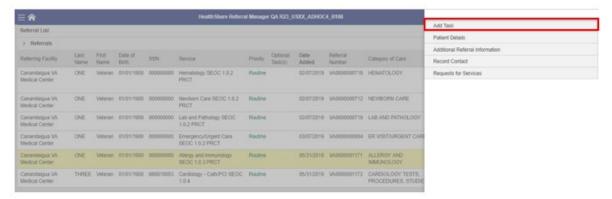
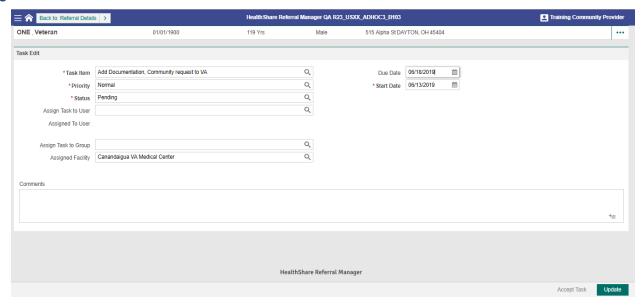


Figure 28: Action Menu - Edit Task



- 3. The **Task Edit** screen appears. The **Patient Banner** is located at the top of the screen to show demographic information for the patient associated with the referral.
- 4. Enter the appropriate information (e.g., **Task Item**, **Priority**, **Status**, **Comments**) to create the task. **Task Item**, **Priority**, **Status**, **Due Date** and **Start Date** fields are mandatory (as denoted by the red asterisk) and can be edited.

Figure 29: Task Edit Screen



- 5. Click the **Magnifying Glass** icon within each field to view and select available options.
- 6. Click the **Update** button at the bottom right to save the task information.

4.10.2. View or Edit a Task

The **Task List** displays all task items for the facility. From the **Task List**, an item can be reviewed and edited.

To view or edit a task:

1. Click the **Menu** icon ≡ at the top left and select **Task List** from the drop-down options.

Figure 30: Menu - Task List



2. Locate the task on the Task List.

3. Click the task title in the **Task** column to navigate to the **Task Edit** screen (data in the **Task** and **Last Name** columns are displayed as hyperlinks). The **Task Edit** screen appears.

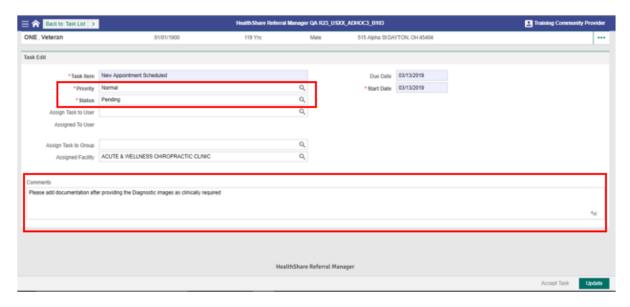
MOTE: Overdue tasks have a red indicator in the **Due Date** column.

Figure 31: Task List Screen



- 4. Review the task, including any comments.
- 5. Edit the **Priority** and **Status** fields as needed. To do this, click the **Magnifying Glass** icon within each field and select the appropriate option.
- 6. Edit the **Comments** field.

Figure 32: Task Edit Screen



7. Click the **Update** button at the bottom right to save the task information and go back to the **Task List**.

Figure 33: Task List



8. After editing the task, you can complete the task by selecting the task row to access the **Referral Details** screen.

Figure 34: Referral Details Screen



9. When the task has been updated, you are able to mark the task as complete.

4.10.3. Mark a Task Complete

From the **Task List**, an item can be marked as complete.

To mark a task as complete:

1. Click the **Menu** icon ≡ at the top left of any screen and select the **Task List** option.

Figure 35: Menu - Task List



- 2. Locate the task on the Task List.
- 3. Check the box in the **Completed** column of the task.

Figure 36: Task List Screen



4.11. Canned Text

Canned text automatically populates text fields with predefined text items. Clicking the **Canned Text** icon will display existing items in the canned text library. Users can create their own canned text to populate any text field that contains the **Canned Text** icon.

To create canned text:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. Navigate to the **Referral Processing Information** section. In the **Comments** box, enter the text you wish to save, highlight it, and click the **Plus** icon. This will take you to the **Canned Text** screen.
- 3. On the **Canned Text** screen, enter a code you wish to assign to the text. Click the **Update** button at the bottom right to save the canned text.

4.12. Generate Reports

HSRM can generate reports that display the types of services that are referred to a specific community provider/facility, as well as the current status of the referrals sent during the selected period.

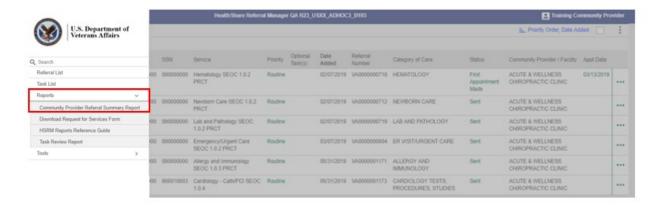
Table 1: HSRM Report Types

Report Type	Description	Users Allowed to Run Report
Community Provider Referral Summary Report	This report allows VA staff and community providers to generate a tailored list of referrals that have been sent to a community provider or facility. This provides community providers with a list of referrals received from VA during a specified period.	 VA Facility Community Care Staff Community Providers
Download Request for Services Form	This paper RFS form can be submitted until the electronic RFS form is available and may be uploaded into HealthShare Referral Manager.	VA Facility Community Care StaffCommunity Providers
HSRM Reports Reference Guide	This report provides VA staff and community providers with the definitions and uses of all reports that they have access to.	VA Facility Community Care StaffCommunity Providers
Veterans Appointment Report	Displays all the appointments at a specified VA or community provider facility. Report fields include the appointment date, appointment status, level of care coordination, as well as referral details.	 VA Facility Community Care Staff Community Providers

To run a report:

1. Click the **Menu** icon ≡, select **Reports**, and choose **Community Provider Referral Summary Report**.

Figure 37: Menu - Community Provider Referral Summary Report





MOTE: The **HSRM Reports Reference Guide** option, located in **Reports**, provides directions and detailed information about the report.

2. Select the criteria needed to run the desired report from the fields available and click the **Preview** icon to run the report.

Figure 38: Community Provider Referral Summary Report Parameters



3. Navigate to the report. Reports may generate in PDF format or as Excel documents and can be saved or printed.



 $^{1\!\!1}$ NOTE: To print the report from Chrome, click the **Print** icon at the top right of the report. To print from Internet Explorer, click the **Print File** icon at the bottom of the report.

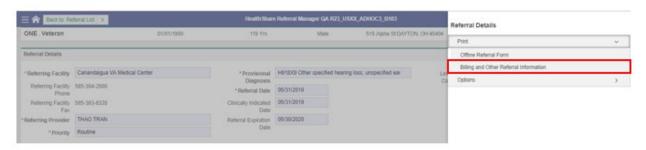
4.13. Billing and Other Referral Information

The **Billing and Other Referral Information** sheet provides community providers with additional details related to the legal authority, claims submissions instructions, precertification requirements, and provision of prescriptions and durable medical equipment for the referral. The information sheet also contains links to other community provider resources, including the Community Provider Toolkit, the precertification website, the electronic data interchange (EDI) claims submission clearinghouse, and the Vendor Inquiry System (status of claims). Community providers can access this information sheet directly from the **Referral Details** screen. The information is also available on the **Offline Referral Form**. The information sheet will contain appropriate content based on the program authority. For example, a referral authorized as a Veterans Care Agreement, Community Care Network referral, or 1728 service-connected emergency care referral would contain content specific to that program.

To access the **Billing and Other Referral Information** sheet:

- 1. Locate the referral (see the *Locate a Referral* section of this guide).
- 2. From the **Referral Details** screen, click the **Component Menu** icon is at the far right of the **Referral Details** section (below the **Patient Banner**), then select **Billing and Other Referral Information**.

Figure 39: Component Menu - Billing and Other Referral Information



3. The **Billing and Other Referral Information** sheet appears in a new browser tab and can be printed, downloaded, and saved as a PDF file.

Figure 40: Component Menu - Billing and Other Referral Information Sheet

Billing and Other Referral Information

VA0000000804

Page 1 of 1

Billing and Other Referral Information



Referral Number: VA0000000804

Referring VA Facility: Canandaigua VA Medical Center

Any claim related to this episode of care <u>MUST INCLUDE THE APPROVED REFERRAL NUMBER</u> as the Referral Number or Prior Authorization Number.

Billing Remarks

This approved referral was authorized under Title 38 U.S.C. 1725, Veterans Millennium Healthcare and Benefits Act.

VA payment will be the lesser of the amount for which the Veteran is personally liable or 70 percent of the applicable Medicare fee schedule amount, excluding copayment, cost share or deductible associated with their OHI. VA is prohibited from reimbursing Veteran OHI member liabilities such as copayments, cost shares or deductibles.

For complete information about VHA's billing requirements, please visit https://www.va.gov/COMMUNITYCARE/providers/info_claimFiling.asp and follow the instructions on the site.

Status of Claims

To check on the status of your claims, please visit https://www.vis.fsc.va.gov/ and follow the instructions on the site.

5. Additional Resources

Contact the HSRM Help Desk for support. Open a ticket by phone at 1-844-293-2272 (TTY: 1-512-326-6638) or email *HSRMSupport@va.gov*.

Additionally, the following websites provide quick and easy access to commonly needed materials:

- VA Community Care Website
- Billing Fact Sheet for VA Community Care Programs
- Vendor Inquiry System Fact Sheet
- Vendor Inquiry System

Appendix A: Acronyms and Abbreviations

Table 2: Acronyms and Abbreviations

Acronym or Abbreviation	Definition
Admin	Administrator
CAR	Claims Adjudication and Reimbursement
CBOC	Community-Based Outpatient Clinic
CCN	Community Care Network
ССР	Community Care Provider
CPAC	Consolidated Patient Account Center
CPRS	Computerized Patient Records System
EOC	Episode of Care
ESD	Enterprise Service Desk
GEC	Geriatrics and Extended Care
HSRM	HealthShare Referral Manager
IT	Information Technology
IV	Insurance Verification
JAWS	Job Access With Speech
NVDA	Nonvisual Desktop Access
ОНІ	Other Health Insurance
OS	Operating System
PDF	Portable Document Format
PPMS	Provider Profile Management System
RUR	Revenue Utilization Review
SAR	Secondary Authorization Request
SEOC	Standardized Episode of Care
TPA	Third-Party Administrator
VA	U.S. Department of Veterans Affairs

Acronym or Abbreviation	Definition
VAMC	Veterans Affairs Medical Center
VCA	Veterans Care Agreement
VistA	Veterans Health Information Systems and Technology Architecture
VISN	Veterans Integrated Service Network